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VIOLENCE AND MEDICAL PLURALISM AMONG THE KARIMOJONG AND THE DODOTH IN NORTHEASTERN UGANDA

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ABSTRACT Based on the corporeal suffering caused by violence and the local coping mechanisms, this article describes and analyzes local pluralistic health systems shaped by interaction between the emergency medical humanitarian aid and healing practices under the disarmament and sedentarization policy among the pastoral societies of northeastern Uganda such as the Karimojong and the Dodoth. To cope with maternal death and illness during home birth, the Karimojong created a medical system called "semi-permanent settlement of female local healers," which combines the local lifestyle with biomedical services. Through interpersonal relationships, the Karimojong established the local healthcare system involving modern Western biomedicine with the help of humanitarian aid. The Dodoth laypeople and local medical staff employed by the medical humanitarian organization seek to heal sick persons with mental disorders in such a local way as to break the social chain of violence by encouraging the victims of violence to forget their past experiences. Local healing practices among the Dodoth are characterized by resistance against violence, combining different cultural and ecological resources, and the daily subsistence activities in pastoralism. Pastoralists preserve the will of good health and well-being by means of maintaining fluidity in healthcare and medicine.

Key Words: East African pastoral societies; Disarmament; Humanitarian aid; Etiology; Trauma.

INTRODUCTION

Violent livestock raids involving automatic rifles have occurred in East Africa since the 1970s. Anthropologists who have conducted research in pastoral societies have described the violence as "endemic," causing long-term harm to the environment and menacing the lives of the locals (Pike et al., 2010). Raiding with automatic rifles has caused cattle losses as well as high human mortality, especially among adult males (Gray et al., 2003), deep wounds and aftereffects (Mkutu, 2007), and limited access to both crops and milk, which has resulted in heavy burdens from disease and stunted growth in children (Gray, 2012). Local practices for healing people who are suffering and the process of trials in the society to help them cope with violence remain largely unexplored. This article focuses on how new coping methods for improving health and living conditions can be created through an interface with humanitarian and development aids and by increasing knowledge about healthcare and medicine among these conflict-ridden societies.

Although in the clinical treatment of post-traumatic stress disorder (PTSD),

violence and disaster are assumed to be temporary causes of suffering, prolonged conflicts result in certain health consequences. The study population in my ethnographic fieldwork in the pastoral societies in Karamoja area of northeastern Uganda was exposed to livestock raiding and violent suppression since the inflow and proliferation of small arms, as well as security policy and disarmament campaigns (including "Karamoja Integrated Disarmament and Development Programme") which were implemented by the government until the mid-2010s. People's attention has been focused on advancing strategies to cope with the long-lasting violence rather than on cruelty of sporadic attacks and murders. Based on the corporeal suffering caused by violence and local coping mechanisms during disarmament and implementation of the sedentarization policy, this article describes and analyzes local pluralistic health systems that are shaped by interaction between the emergency medical humanitarian aid and the healing practices of pastoralists in a violent and life-threatening environment.

Scholars of international health who are working on development have focused on the difficulties faced by practitioners in providing humanitarian assistance to distinct cultural groups among pastoralists (Zinsstag et al., 2006). There is limited information on the effect of biomedicine on pastoralists to support the need to make medicine accessible and available. With their limited access to healthcare in East African pastoral societies, pastoralists make strenuous efforts to achieve better treatment among the options available, an approach that allows for pluralistic medical behavior across distinct healthcare systems (Fratkin, 1996; Miller, 2011; Sundal, 2012; Carruth, 2014). As Fratkin (1996: 93–94) put it, East African pastoralists do not have a strong belief in ancestor spirits and are thus indifferent to the punishing powers of deceased ancestors, whereas Bantu-speaking agriculturalists focus on possession by spirits that cause illness and misfortune. This article explores how a local construct of disease etiology that addresses violent living as a natural cause, along with therapeutic theory, enables pastoralists to create a new approach for sustainable healthcare by combining "traditional" and modern Western approaches to social turbulence. It elucidates that by this means, a culture of healthcare is diffused and a medicine of peace articulated.

STUDY POPULATION

I have been observing the Karimojong since 1998 and the Dodoth since 2003. The Karimojong language, *Ngakarimojong*, and Dodoth language, *Ngadootho*, belong to the Eastern Nilotic languages (Murdock, 1959). The ancestors of most Nilotic groups were pastoralist, and their livelihood depended on various forms of pastoralism, including agropastoralism and nomadic pastoralism. Cattle played a crucial role in their survival (Smith, 1992). Karamoja area in northeastern Uganda, where most of the Karimojong and the Dodoth reside, comprises such districts as Kaabong, Kotido, Moroto, Napak, Amudat, and Nakapiripirit. The Karimojong and the Dodoth live with their family members and are spread out in mobile herding camps (*ngauyoi*), where they keep their herds, and in semi-

permanent settlements or villages (*ngierya*), where agriculture is practiced. Family members are spread across various places; some live in the semi-permanent villages and some live in the nomadic herding camps. Every several years, the semi-permanent settlement moves a hundred meters. A garden is cultivated around the settlement for small-scale and rain-based agriculture. The main crop grown here is sorghum. On average, two hundred people live in one semi-permanent settlement. The resident population consists mainly of women, young children, and the elderly. The young men live in the herding camp and move frequently with their herd of livestock, depending on the geographic and seasonal distribution of pastures and water. When the livestock give birth, especially cows, they are kept in the semi-permanent settlement so that the residents can consume the milk. The Dodoth get about 3.3 liters of milk per person per day from cows in the rainy season. In Karamoja area, a sedentarization policy has been implemented by the government as part of the disarmament program since 2006. Thus, the movement of herding camps is strictly restricted. Before sedentarization, it was a common practice for herding camps to move ten kilometers every three to four days in the dry season.

World Health Organization (WHO) points out that the Ugandan healthcare system conforms exclusively to modern Western biomedicine and has been slow to integrate indigenous medicine into the official medical sector (WHO, 2002). It has also been revealed that pastoral societies, which are remote from administrative and trading centers, find it difficult to access modern Western biomedicine in sub-Saharan Africa (Sheik-Mohamed & Velema, 1999; Zinsstag et al., 2006). Independently of the official institutionalization of healthcare by the state, the locally developed indigenous medicine in Karamoja area has been the technique used for healing among pastoral societies where modern Western medicine has not been widespread. Indigenous medicine among the Karimojong and the Dodoth is practiced by local healers and by ordinary people at home.

Local male and female healers are called *emoron* and *amuron*, respectively. They specify causes of illness and medicine (*ekitoi*, "tree" in Karimojong and Dodoth language), and give medical treatment. Herbal medicines contain chemical constituents that are physically effective like purgatives, astringents, and analgesics; these are not placebos, whose value is symbolic. The local remedies of healers comprise treatment with medicinal plants as well as divination, prophecy, and ritual healings to protect against attacks from sorcery and witchcraft. These local healers play an important role as advocates of holistic healthcare, who cope with illness and attempt to maintain spiritual and social well-being.

Home remedies are a combination of modern Western biomedicine and herbal medicine. At home, parents not only decide when and whether to use the health center and/or indigenous medicine when treating illness in their children but also give medicine before treatment by local healers or the medical staff in a health center. Based on their knowledge and consultation with villagers who are familiar with illnesses and treatments, medicinal plants are gathered, prepared, and given. The use of pharmaceuticals, which neighbors store or assist with, is also common.

Politics has affected healthcare provision among the pastoral societies in the

Karamoja area. Since the disarmament program was implemented and awareness of the restoration of public order became widespread, many programs of medical development have been implemented and the number of medical facilities has increased. Official medical facilities in the Karamoja area are categorized into four levels according to the services available, such as X ray, respirator, laboratory tests, obstetrics, dentistry, maternal care, vaccination, family planning, outpatient and in-patient care, and drug prescriptions. Today international medical cooperation is a priority subject in international development assistance in the Karamoja area. In particular, international assistance contributes to child and maternal health; care management for malaria, diarrhea, respiratory infection, HIV, and malnutrition; introduction of an emergency transport system; and the fostering of community health workers that the Ugandan government calls "Village Health Teams."

Medicine in the Karamoja area is so pluralistic that it is common for people to resort simultaneously to the different types of remedies available in the health center, at the *emuron*, and at home. When the team from Médecins Sans Frontières (MSF) came to the Dodoth settlement to support child and maternal healthcare programs, local female doctors encouraged all mothers to give birth in the health center. However, as Sundal (2009) wrote concerning the Karimojong, the Dodoth have also remarked that if an illness is because of human beings, only the power of an *emuron* (*amuronot*) will save that person. In sum, local behavior in seeking healthcare in the Karamoja area is embedded in medical pluralism.

HISTORICAL BACKGROUND

The disarmament and sedentarization program is based on historical instances in which pastoralists in Karamoja area have fought with firearms during livestock raiding. The fights were not only internal but also extended across the national border to the Turkana and the Pokot in Kenya and the Toposa in South Sudan (Fig. 1). Livestock raiding using automatic rifles has been a daily occurrence from the 1970s to the present time. The proliferation of automatic rifles in the area was accelerated by trading with the Sudanese during the civil war and the robbing of and trading with the army of the Ugandan government after the decline of its military dictatorship. Since the 1980s, the Ugandan government has dispatched troops into the Karamoja area to disarm pastoralists because of the constant raiding and violence. In this situation, the army, which confiscated guns, also became the main source of gun provision in a background of political opposition through resorting to violence. For example, as a protective measure against anti-government groups, guns were arbitrarily distributed among individuals in the Karamoja area. These individuals were considered the military power of the government. At the time of regime change, soldiers belonging to the old regime traded their guns with pastoralists in exchange for food while fleeing the area.

My research focuses on the methods that Karimojong men used to acquire guns (N = 34) in 1999 and 2005. The study reveals two main sources: (1) trading livestock in exchange for guns (16 guns) and (2) provision of guns by the pres-

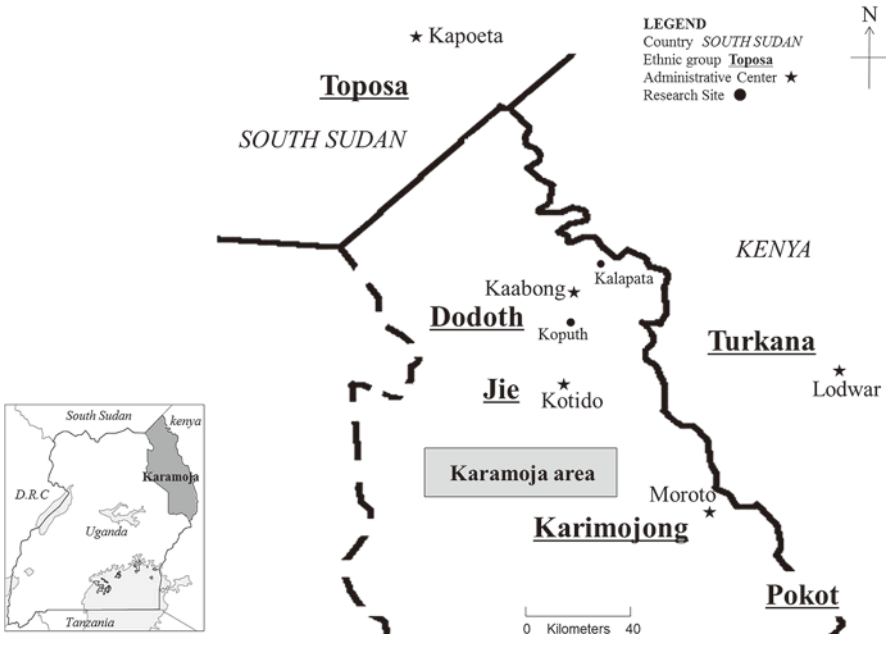

Fig. 1. Map of Karamoja area

ent government to the person in charge of community policing (10 guns). The guns were supplied as a measure of protection and in lieu of the salary due to such security forces as the Anti-Stock-Theft-Unit (ASTU) and the Local Defence Unit (LDU). The default in payment of wages and the strict principles of the military led to the dismissal of many soldiers. Because the military has thus faced difficulty in maintaining its forces, the illegal disposition of guns was institutionalized to induce soldiers to remain in the troops (Hazama, 2013). This contradictory arming structure is by no means a relic from the distant past.

SECURITY OPERATIONS AND THEIR EFFECTS ON THE HEALTH

I. Forced Disarmament and Implementation of the "Protected Kraal" System

Since 2001, the military intervention initiated by the Ugandan government has severely affected people's lives. "Cordon-and-search" tactics have led to brutalities and other physical abuse during operations and post-operation detention, and have resulted in cruel and inhuman treatment. Moreover, this disarmament intervention has led to inequality in the possession of arms. Communities opposed to disarmament have increased their raiding activities, and the unarmed groups are vulnerable to their attacks. In addition, violent conflicts have ensued between the local youth and the army because of the frequent cordon-and-search operations. Instances of this violence include the clash that occurred between people in the

semi-permanent settlement of the Karimojong and the stationary troops in Lotome on July 28, 2005. In this conflict, three herders and twelve soldiers were killed. In October 2006, an armed conflict ensued in Lopuyo between the locals and soldiers. The conflict lasted for two days with a death toll of 78 people from both sides.

Since 2006, development programs have focused on human security. The Karamoja Integrated Disarmament and Development Programme (KIDDP) introduced a system known as "protected kraals" in which herding camps were located close to army barracks, and the army prohibited the free movement of herding camps. Before the "protected kraal" was introduced, the herders decided the schedule, grazing land, and details of migration. However, in the "protected kraal" system, the army was authorized to change the herders' decisions. During incidents related to raiding or the army's loss of guns, herding has been prohibited to search for the perpetrators. Although people initially refused to work under the "protected kraal" system, the herders were attacked until they were forced to obey the orders of the army. My host, a Dodoth family, moved their herd to a protected kraal after five instances of conflict with the Uganda People's Defence Force (UPDF). During these conflicts, they were bombed by gunships between 2006 and 2008.

II. Healthcare Program

Owing to the unequal provision of healthcare (Hazama, 2012), there is disparity between the health of nomadic pastoralists and that of the settled population. The Karimojong and Dodoth people, in particular, bear the disadvantages of this disparity. Using high-pressure politics as a security measure to recover law and order has positively affected the provision of healthcare among pastoral societies in the Karamoja area.

Recognizing the need for restoring public order, aid organizations and numerous international programs have implemented medical aid and healthcare initiatives in the Karamoja area. The medical aid has focused on maternal and child health, community health, emergency care, malaria, and cases of HIV/AIDS. These efforts have been followed by a marked increase in the number of medical facilities. In 2002, there were six health centers with outpatient sections and six health centers with inpatient, maternity, and laboratory sections in the Moroto and Napak districts (Karamoja Data Center, 2002). In 2010, the number of both kinds of healthcare centers had increased to 12 and 10, respectively (UNOCHA, 2010). Therefore, modern Western biomedicine is more accessible to people living in areas where headquarters of the local administration are located, such as the subcounties. On the other hand, people living in remote areas have limited access to modern Western biomedicine. Achieving peace in the pastoral societies of the Karamoja area may be directly connected to the availability of medicine for the continuous provision of healthcare.

III. Corporeal Suffering

Insecurity and living environment changes induced by the disarmament and sedentarization program have had adverse physical effects, both direct and indirect, on the people. I have studied the corporeal suffering caused by violence and the coping mechanisms based on people's understanding of the connection between outbreaks of illnesses and the social conflicts.

From August 2013 to March 2014, I conducted interviews in an attempt to understand the corporeal damage caused by violence in areas where the Dodoth people reside, such as Koputh and Kalapata (Fig. 1). The interviewees were 77 people (14 women, 63 men) aged 19 years and above. The results showed that 92% of the people (11 women, 60 men) had been wounded and had suffered from illnesses because of the violence caused by raiders and stationed troops. In terms of their last experience of violence-related wounds and illnesses, 16 people suffered because of violence executed by a group of raiders, whereas the wounds and illnesses of 55 people were a result of violence by the army. For 53 of the 55 people (96%), the wounds and illnesses were caused after the introduction of the "protected kraal." Paradoxically, state violence to enforce control in terms of security and disarmament resulted in corporeal suffering.

PRACTICING MEDICAL PLURALISM

How do people cope with the corporeal suffering caused by the social and ecological constraints resulting from prolonged raiding and political and military interventions? The method used by the Karimojong and the Dodoth to treat and heal themselves is based on their flexibility and creativity in constructing a new coping strategy. This strategy is an amalgamation of different aspects of medical pluralism and the assembling of social, ecological, and cultural resources. Examples of treatment using this method include cases related to maternal death and illnesses, cardiac illnesses, and mental disorders. I wish first to explore local cognition of violence-related illnesses (*edeke ngolo eyaunete adedengu* which literally means illness caused by violence) by studying the common illnesses.

I. Hunger

Malnutrition is widely recognized as a serious illness caused by violence. This illness reflects the harmful effects of the military intervention policy and violent operations. The introduction of the protected kraal made it difficult to continue cattle-based pastoralism, and the threat of attacks by soldiers and raiders from other ethnic groups made it impossible to harvest crops from the gardens. Families sent their herdsmen into remote areas to avoid violent confrontations with the army and to avoid livestock raiding. This means that the family members living in semi-permanent settlements were robbed of access to the milk from their livestock. Especially, young children and old women who gave their food share to their young grandchildren suffered from severe hunger attacks.

II. Maternal Death and Illnesses

The major causes of maternal death and illnesses associated with childbirth in homes are infectious disease, breech delivery, transverse lie, placenta abruption, and delayed delivery. During the time of unrest caused by violent conflicts, pregnant women choose home birth to avoid the danger of walking outside their settlements to the health facilities. Home birth is supervised by local attendants and older women.

III. Cardiac Illnesses

The main symptoms of these illnesses, described as "heart illnesses" (*etau*), are giddiness, chest pain, exhaustion, and anger. People explain these heart illnesses as abnormal movements of the heart in response to their emotional state during social unrest. One kind of heart illness is caused by the echoes of gunshots and the experience of a "shaking world."

IV. Mental Disorders

Mental disorders (*ngikerep*) were prevalent even before the implementation of the disarmament program. The major causes of mental disorders are encounters with spirits (*ekipe*), being cursed by someone, and conflicts between unmarried adolescent women and their family members. Since the disarmament program, the cases of mental illnesses in the 2000s were caused by the torture experienced during a mistaken arrest or the trauma experienced by the death or physical harm of a family member from torture or displacement in the military operations.

Since 2007, emergency medical humanitarian aid, in collaboration with community health workers who are known as the Village Health Team in Uganda, has been implemented to focus on arranging early referral for serious cases of victims of violence to the hospital, and strengthening primary healthcare. Such has also included aspects of maternal and child health, such as promoting hospital delivery and supplying complimentary nutrition for malnourished children under 5, along with pharmaceutical medications and oral rehydration solution for those children with certain infectious diseases. The physical abuse caused by violence can be fatal or, in some cases, affect people's livelihood. People describe this as "violence-related illness" in referring to illnesses that result from physical violence and those that are caused by violence, such as malnutrition, maternal death, infectious disease, and mental disorders. Thus, it can be concluded that the people perceived violence to be an indirect cause of many illnesses. In their narratives, people explained that the physical harm remained a part of their life experience.

BUILDING A MANYATTA FOR CHILD AND MATERNAL HEALTHCARE IN THE KARIMOJONG: REGIONAL HISTORY OF MANYATTA IN EAST AFRICAN PASTORAL SOCIETIES

To cope with maternal death and illness during home birth, the Karimojong have created a medical system called the "semi-permanent settlement of female local healers," which combines the local lifestyle with biomedical services. Its original system and derivatives take different forms, based on the relationship between the location of humanitarian assistance and the regional history and cultural context of East African pastoral societies.

Since the 1980s, the "Tuberculosis Manyatta" Project has been initiated in nomadic areas, where the Somali, Oromo, and Turkana people reside in Kenya (Fig. 2). This project is based on an agreement between Kenya, the Netherlands, and the International Union Against Tuberculosis and Lung Disease (IUATLD). The original meaning of the word "manyatta" is semi-permanent settlement. It is a center for the treatment of tuberculosis. The compound consists of huts built from local building materials, and it is located near a hospital or health center. In this manyatta, tuberculosis patients are provided with boarding and lodging and are given medicines. This approach to controlling tuberculosis within a local village was continued in the 2000s by the Turkana and has developed in other pastoral areas. Treatment of a group of tuberculosis patients using the manyatta method was practiced among the Nuer people in South Sudan from the mid-1990s until 2001, and it has been practiced among the Somali in southeastern Ethiopia since 2006. Because both areas are conflict zones, it is difficult to maintain medical services. However, this approach to treatment within a local village is evaluated to be highly effective in providing the right medication to patients.

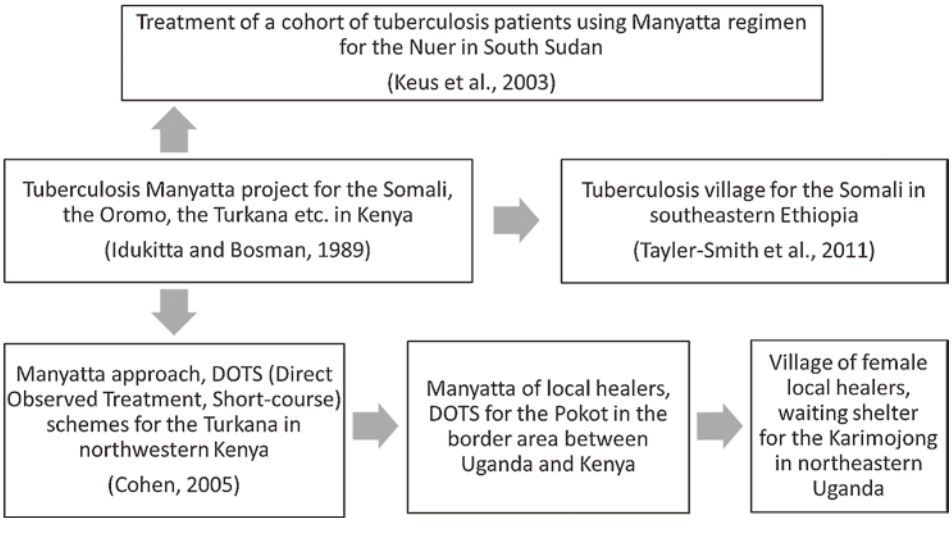

Fig. 2. History of Manyatta regimen in East African pastoral societies

In West Pokot County in Kenya, a manyatta of local healers was organized by an NGO in the area along with a healer who had migrated from the Turkana. Direct Observed Treatment, Short-course (DOTS) was also prevalent in this village. After receiving treatment in a hospital, the patients were kept in a local village facility made of cow dung and wood. They were provided with accommodation, food, and medication by the local healers (*amuron* for female and *emuron* for male healer) who were trained healthcare workers. Next, the Karimojong in northeastern Uganda built a semi-permanent settlement of female local healers (*eere angamurok*) and a waiting shelter for expectant and nursing mothers.

The creation of this semi-permanent settlement of female local healers was based on the suggestion of a Karimojong healer who learned about the manyatta of local healers from a Pokot healer. Both healers are in their 30s and share an interethnic friendship that started by exchanging livestock. They met at a gathering on reproductive health held among the Pokot by the NGO in Moroto, the Karamoja Traditional Health Systems (KATHES), which was created by a Karimojong licensed nurse in collaboration with Karimojong local healers. Two staff members of KATHES, who are from the Karimojong, explained the idea of the manyatta to the district health section and international organizations. Food was promised to them from the World Food Program (WFP), along with daily necessities for mothers and attendants from the United Nations Children's Fund (UNICEF). The semi-permanent settlement of female local healers is a small facility consisting of huts built in the ward of the district hospital. Expectant mothers and female healers stay there while waiting for the delivery. Mothers and other attendants, such as their grown-up children, are provided with accommodation and food. Therefore, expectant mothers can stay there for a while before the contractions start. The female healers refer mothers to the maternity division and provide care after the childbirth. In the meeting, the Karimojong healer presented two expectations that were accepted by various cooperative organizations: (1) preventing delay in delivery care at the medical facility and (2) reducing the risk of an HIV infection during home birth. Thus, the semi-permanent settlement of female healers is a form of medical pluralism wherein a local healthcare system is created to cope with maternal and child health problems during armed conflicts.

INGENIOUS COMBINATIONS OF ECOLOGICAL AND CULTURAL RESOURCES BY THE DODOTH: HEALING HEART ILLNESSES AND MENTAL DISORDERS

People who have been adversely affected by war resort to different kinds of healing mechanisms, ranging from violence and revenge to psychotherapy and humanitarian support from society (Last, 2000). However, none of these methods are used to heal the sick people among the Dodoth. Local medical staff employed by medical humanitarian aid bodies, such as Médecins Sans Frontières (MSF), do not refer sick people with mental disorders and heart illnesses to the hospital but encourage them to consult with local healers. Because the Dodoth believe

that violence is inherited (*aputoru*), they seek to break the social chain of violence by encouraging the victims of violence, especially those suffering from heart illnesses and mental disorders, to maintain peace and to forget (*akimuriakin*) their experiences. I will describe participants in healing practices—a therapy that involves herbal remedies and social interaction—and analyze a case in which daily life activities are integrated with these healing practices. In healing practices for violence-related illnesses, verbal expression, imagination, and the presence of different participants play critical roles. Participants coping with physical harm owing to violence mindfully make non-violence the center of their existence. Coping with an illness helps in resisting suppression and violence. Moreover, the participants include members of the community, their friends from different ethnic groups, and the soldiers stationed in the area. Thus, the Dodoth people understand and share the process of healing with people who are their potential enemies.

In the cases of heart illnesses and mental disorders observed during my fieldwork, on average, 20 participants were involved in a singing and dancing (*abur*) activity, which plays an important role in healing practices. For many victims of violence, the process of healing involves a few soldiers. The act of inviting soldiers to the process of healing is expressed as "abduction" (*akirik*). The Dodoth may become friendly with soldiers who disobey the orders of their superiors to participate in combat or maintain a special relationship with pastoralists by exchanging maize flour for milk. Among the Dodoth, women who can invite soldiers into healing practices are metaphorically called "warriors among women." The phrase "warriors among women" was originally used to praise the great deeds of women in acquiring livestock during marriage, such as bridewealth from the family of the bridegroom to that of the bride. People explain that those women who invite soldiers to their community are given this name because their activities lead to peace, and the number of livestock increases accordingly.

Healing practices lead to the release of toxic substances produced by the body of the sick person. By talking and dancing, the body becomes calm; it is revived and experiences a change in consciousness. The recovery process begins with herbal therapy. First, the sick people drink infusions of medicinal plants that cause continuous diarrhea and vomiting, and then they snort powdered medicines, which will cause their nose to run. Next, they drink large quantities of soup made from the meat of a billy goat or ram (this depends on the specific coat color the local healer indicates based on his or her dreams). The meat is extracted from the lower back and large and small intestines to cause heavy sweating.

Meanwhile, the local healer and family members of the sick people talk to them and try to keep them calm. This practice is called *akisilirworiun* in the Dodoth language, and it is aimed at encouraging patients to stay calm and to forget negative incidents that occurred in the past. For example, one Dodoth local healer advised a sick person, "Do not think too much. Calm your heart. People are together and at peace. Calmness heals illness. Peace is medicine." Then, when medicinal soil (*emunyen*) of a specific color (white, red, blue, or green) is applied on the body of the sick person, the calming talk is repeated by the local healer. In the next phase, called *abur*, participants beat drums, jerry cans, and a half-cut

gourd that floats on water while they sing songs and the sick people dance with other participants in the group. These songs are called "songs of medicine." During the singing and dancing, participants attempt to calm the sick to prevent them from committing suicide by burning themselves or jumping from tall trees. After a while, the sick person collapses and reaches an abnormal state of consciousness, called *ngijokin*. The body of the sick person is in a state of suspension that would lead to death unless "the heart was touched." Thus, local healers and other participants whisper and touch the heart of the sick person by ringing cowbells.

Illnesses caused by violence are different from cases of mental disorder caused by encounters with spirits and being cursed by others. Songs of medicine that heal the illnesses of violence focus on the past (*ngakiro nguna etakanuniyete*, which literally means "incidents that occurred"). These songs are sung for the sick persons to help them forget the suffering in their lives. However, the sick persons are not asked to deny the loss, bereavement, and pain. Instead, through songs of medicine, these sick people rearrange their individual experiences of violence in accordance with their life experiences. In 2013, a Dodoth man lost his son in a raid when the son was taken to the army barracks, after being wrongly accused, and was tortured there. Songs of medicine were sung to heal the man's mental disorder. Most of the songs were based on state violence under the current regime and the suppression faced in older times. The contents of nine of the fourteen songs, based on my understanding, are described below (the year of the incident and composition of the song are in parentheses):

1) Four instances of the aerial bombing of a herding camp, including re-bombing in an area with no herding camp because it had already moved (2009).
2) The attacking and burning of the house of a man who was a soldier in the former regime and had fought against the army of the current regime (1988).
3) A curse against intelligence personnel who continued to make mendaciour reports (2001).
4) The flying of a helicopter over areas to bomb them (2007).
5) The implementation of the Karamoja Integrated Disarmament and Development Programme by the government that failed (2006).
6) The government's failure in the cordon-and-search operations against herding camps (2009).
7) The destruction of fragile, precious things and vulnerable people (for example, young children and gourds with embroidery designs used to entertain in-laws) by the army during a cordon-and-search operation (2001).
8) A plan of the army to assassinate a shepherd who rejected disarmament (2002).
9) The incident where naked Dodoth and Jie women collectively jumped into a muddy stream during the rainy season because of the prohibition on traditional clothes under the colonial government or Idi Amin's regime (the 1950s and 1971).

After these collective healing practices through interaction with local healers and other participants, the sick person continues his everyday life and is encouraged to engage in subsistence activities. This healing practice, using subsistence

activities, is meant to reintegrate the sick person into normal life. Sick people are accompanied by other people in their doing chores. For example, the father of one Dodoth man, Lokapel, was shot to death during a gunfight with the army and their cattle herd impounded. Later, his elder brother died of internal wounds caused by torture. Before long, Lokapel suffered from a mental disorder, locally called *akiwaar*. He lost his memory of people and animals and was unable to converse with others. After undergoing herbal therapy and a session of singing and dancing, Lokapel was advised by his uncle to live with a man who owned livestock.

When Lokapel began to look after the cattle, a shepherd of about his same age always accompanied him and helped him feed a calf with the milk of its mother. Lokapel, who at first hesitated to touch the udder of a cow, eventually learned to squat down and milk the cow by himself. After two months, Lokapel had been accepted by all the milking cows, and he could establish vocal communication with them, including soothing them while milking. In the rainy season, when he was on a daytrip for cattle herding, he composed a song like the other shepherds: "Raining / Black cotton soil is swollen / Grass has come out, grass has reached / Rumen and stomach are satisfied / Oil / Full of oil / Hump is swaying on the back of Lomerikwan (individual name of an ox)." The song suggests that Lokapel had recovered his memory in terms of the seasonal changes and the inter-connectedness of the natural world. People explain that this healing process through subsistence activities helped him recognize and communicate with the animals and understand the resourcefulness of the landscape.

During severe military suppression in northeastern Uganda, sandals made from large truck tires, sticks for herding cattle and goats, and water for drinking and cleansing the body were used as weapons of torture to inflict serious bodily damage. Watering holes and open grounds in administrative centers became strategic footholds, and the deep holes dug out as rest areas for cattle became places of torture. Thus, objects that were not dangerous when used in daily life were transformed into weapons, and people became traumatized thereby. When subsistence activities are part of the healing process, landscape and daily life objects may be retransformed into their original meaning for the individual. The Dodoth people do not focus on the widespread torture and killing in their narratives on violence. Rather, they emphasize prolonged violence, a difficult lived-experience of continuity and change which metonymically becomes embodied. The Dodoth victims of armed conflict not only perceive violence-related illnesses and pain as real but also understand the illness indicators of their peripheral status within the contemporary Ugandan state.

Thus, people living in these conflict-afflicted societies seem to have developed knowledge systems and coping practices to heal from illnesses caused by violence. For survivors of armed conflict, pain and illnesses are ways of recognizing destructive experiences and initiating the healing process of a community by resisting violence. It is essential to cope with and resist violence to heal and prevent illnesses and to live one's daily life. More than 10 years of violence by the military and groups of raiders have caused an enormous loss of human life among the pastoralists. However, these people have continued to seek well-being and

have accepted the change, paving the way for recognizing the effects of violence and establishing practices to defeat dominance and violence. The Dodoth's knowledge of healing is based on the relationship between the execution of violence and its effects, and the healing involves ingenious combinations of ecological and cultural resources, such as words, imagination, the co-participation of other community members, and subsistence activities.

CONCLUDING REMARKS: EAST AFRICAN PASTORALISTS' INNOVATIVE POTENTIAL

Recurrent health and humanitarian interventions have contributed to remarkably pluralistic systems of healthcare and healing in Karamoja area. In many medically pluralistic societies, the biomedical perspective is dominant over and may limit the influence of other medical systems (Baer, 2004). However, the Karimojong and Dodoth continue to domesticate a healthcare system that relies on modern Western biomedical perspectives—which alone cannot meet all needs—by creatively using face-to-face practices at the individual level. Among the Karimojong, a plan has been proposed for building a new facility and system for maternal and child health based on the exchange of ideas and creativity that has arisen from the friendship between the Karimojong and the Pokot. The Karimojong established the local healthcare system involving modern Western biomedicine in conjunction with the help of humanitarian aid.

Among the Dodoth, illness is an embodiment of a violence-ridden social situation, and the heart illnesses and mental disorders caused by violence are healed within the local healthcare system. Not only do patients themselves go directly to local healers but also they are "referred" by staff working at biomedical facilities. Modern Western biomedicine tends to neglect what people have experienced, focusing only on disease-associated changes in physical function and morphology for diagnosis and treatment. Domination by modern Western biomedicine canalizes pathologization, individualization of illnesses and medicalization of social problems, which eradicates creativity based on social criticism (Scheper-Hughes, 1988). Conversely, the Dodoth's method of coping by embodying the social predicament activates a restoration of the social order. Dodoth local healing practices for violence-related illnesses are characterized by resistance against violence, combining different cultural and ecological resources, and the daily subsistence activities inherent to pastoralism. The process also includes the perceived potential enemy in the healing practice.

In a conflict-ridden area, coping with violence and resistance against violence are essential parts of healing, preventing illnesses, and leading well-being life. The external society provides biomedicines without focusing on a pastoralist's experience. Their aim is to improve the physical health and functioning of the victim. From this perspective, the pastoralists' healing practices seem to be quackery or arbitrary. However, resistance to oppression is an important part of coping with violence-related illnesses, and the healing practices of the Dodoth, which include efforts to create peace by face-to-face interactions with "enemies," is rad-

ical and rational. Thus, it is necessary to reevaluate the positive effects and potential of local medical practices in pastoralists' societies.

In a maelstrom of violence, people face the harsh choice of deciding whether to abandon their lives or to resist the destructive force of violence by endeavoring to continue with their daily lives. With the innovative potential that East African pastoralists have for combining modern Western biomedicine with the cultural, ecological, intellectual, and practical resources relevant to local health system, the Karimojong and the Dodoth preserve the will to maintain and hope of good health and well-being, which helps them cope with life-threatening situations.

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